



CONGRESSMAN DERRICK VAN ORDEN

210 South 7th Street

Suite 204

La Crosse, WI 54601

PRIVACY RELEASE FORM

The Privacy Act of 1974 requires permission in writing before making an inquiry on your behalf. Completing and signing this form authorizes Congressman Derrick Van Orden and those acting on his behalf to make inquiries to the appropriate federal agency on your behalf.

CONTACT INFORMATION:

Full Name: _____

Street Address: _____ City: _____ Zip: _____

Phone(s): _____ SSN: _____

Email Address: _____ Birth Date: _____

Preferred Method of Contact: Email: _____ Phone: _____ Mail: _____

CASE TYPE: ☐ IMMIGRATION ☐ SOCIAL SECURITY ☐ VETERANS/MILITARY

☐ MEDICARE ☐ OTHER (PLEASE SPECIFY) _____

FOR IMMIGRATION ISSUES

A#: _____ CASE NUMBER: _____ ☐ USCIS ☐ STATE DEPARTMENT

I AM A: ☐ U. S. CITIZEN ☐ LEGAL /PERMANENT RESIDENT

FOR MEDICARE, SOCIAL SECURITY, VETERANS/MILITARY, IRS, ETC.

SOCIAL SECURITY NUMBER: _____

EMPLOYER/IDENTIFICATION NUMBER (EIN): _____

CIVIL SERVICE ACTION (CSA) CLAIM NUMBER: _____

MEDICARE # _____

PASSPORT RECEIPT NUMBER: _____

HOUSING LOAN NUMBER: _____

Have you reached out to any other member of Congress? If so, who? _____

WRITE A BRIEF STATEMENT REGARDING YOUR CONCERN OR REQUEST.

Please include copies of all documents pertinent to your concern.

AUTHORIZATION

I authorize Congressman Derrick Van Orden, and those acting on his behalf, to obtain information pertaining to this matter in accordance with the Privacy Act of 1974.

SIGNATURE: _____ DATE: _____
(actual physical signature required- electronic signatures not accepted)

PLEASE RETURN THIS FORM TO:

Office of Congressman Derrick Van Orden | 210 South 7th Street, Suite 204 | La Crosse, WI 54601
202-225-5506 (DC Office Phone)